

The BUZZ

While Staying Cool, Think of School



The Summer of 2010 has just begun, but it is already time to start thinking of back to school. Each year Kansas Kids need school immunizations, so don't delay...start today! A back to school cheat sheet in both English and Spanish along with more information can be found here: <http://www.kdheks.gov/immunize/schoolInfo.htm>

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

SCHOOL REQUIREMENTS:

Diphtheria, Tetanus, Pertussis (DTaP): five doses required. Four doses acceptable if dose 4 given on or after the 4th birthday. Booster dose of Tdap required at 7th grade if more than 2 years since previous dose of Td.

Poliomyelitis (IPV/OPV): four doses required. Three doses acceptable if dose 3 given on or after the 4th birthday.

Measles, Mumps, Rubella: two doses required.

Hepatitis B: three doses required through grade 10.

Varicella (chickenpox): two doses required for Kindergarten and first grade; one dose required grades 2-10 unless history of varicella disease documented by a licensed physician. Two doses are currently *recommended* by the ACIP for all ages.

Haemophilus influenzae type b (Hib): three doses required for children less than 5 yrs of age in early childhood programs. Total doses needed dependent on the type of vaccine and the age of the child when doses given.

Pneumococcal conjugate (PCV): four doses required for children less than 5 yrs of age in early childhood programs. Total doses needed dependent on the age of the child when doses given.

Hepatitis A: two doses required for children less than 5 yrs of age in early childhood programs.

In addition to the immunizations required for school entry listed above, the 2010 ACIP recommendations also include the following for school children:

Meningococcal (MCV4): one dose *recommended* at 11 years of age; not required for school entry.

Human Papillomavirus (HPV): three doses *recommended* for females and males at 11 years of age and provisionally recommended for males at 11 years of age; not required for school entry.

Influenza: yearly vaccination *recommended* for all ages > 6 months of age; not required for school entry.

EARLY CHILDHOOD & LICENSED CHILD CARE FACILITIES:

K.A.R. 28-1-20 defines immunizations required for children attending child care programs licensed or registered by KDHE or early childhood programs operated by schools. The complete regulation is available at http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf.

Diphtheria, Tetanus, Pertussis (DTaP): five doses required. Doses given at 2 months, 4 months, 6 months, between 12-15 months (6 months after dose 3) and 5 years. Four doses acceptable if dose 4 given on or after the 4th birthday. Booster dose of Tdap required at 7th grade.

Poliomyelitis (IPV/OPV): four doses required. Doses given at 2 months, 4 months, 6 months and 5 years of age. Three doses acceptable if dose 3 given on or after the 4th birthday.

Measles, Mumps, Rubella: two doses required. Doses given between 12-15 months and 5 years of age.

Hepatitis B: three doses required. Doses given at birth, 2 months, and between 6-18 months.

Varicella (chickenpox): two doses required unless history of varicella disease documented by a licensed physician. Doses given between 12-15 months and between 4 -6 years of age.

Haemophilus influenzae type b (Hib): three doses required for children less than 5 years of age. Doses given at 2 months, 4 months and 6 months. Total doses needed dependent on the type of vaccine and the age of the child when doses given.

Pneumococcal conjugate (PCV): four doses required for children less than 5 years of age. Doses given at 2 months, 4 months, 6 months, and between 12-15 months. Total doses needed dependent on the age of the child when doses given.

Hepatitis A: two doses required for children less than 5 years of age. Doses given at 12 months and 18 months (6 months after dose 1).

In addition, the 2010 ACIP recommendations include the following additional immunizations:

Rotavirus: three doses *recommended* for < 8 months of age; not required.

Influenza: yearly vaccination *recommended* for all ages > 6 months of age; not required.

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WELCOME NEW PROVIDERS!



VFC PROVIDERS

Saint Lukes South Primary Care
Cloud County Health Center



KSWEBIZ PROVIDERS

Riley Co. Fam & Child Res Ctr-
Manhattan
TLC for Children and Families-
Olathe

KSWEBIZ SCHOOL MODULE

USD 273- Beloit
USD 306- SE Saline Co.
USD 453- Leavenworth
USD 430- Horton
USD 449- Easton
USD 469- Lansing
USD 429- Troy

Economic Ordering Quantity Update

The Kansas VFC Program kicked off the first wave of "Economic Ordering Quantity" (EOQ) compliance with providers identified as "Monthly" tier. The first group in this wave to "Go Live" were 11 local health departments on April 1, with 13 private providers following April 16. The second wave of the EOQ roll out, were providers identified as "Quarterly" and "As Needed" tiers. "Quarterly" providers were divided up into six groups of approx 21 each, with "Go Live" dates starting May 1 and continuing through July 16. The 81 "As Needed" providers were sent materials describing EOQ in case their status changes, but were not placed on an ordering schedule due to storing a small number of doses. The third wave of EOQ involved the "Bi-Monthly" tier providers. This group was divided up into four, and began their "Go Live" dates on June 1, and will continue through July 16. By the end of July, all waves will be completed. In just a short time, our providers have made amazing progress in reducing the number of shipments processed. When comparing 2009 to 2010, between months April through June, our numbers have dropped from 1,246 (in 2009) to 971 (in 2010) shipments. This accomplishment will eventually be reflected in money saved in reducing shipping cost, and wasted vaccines due to inappropriate ordering behavior. Our Immunization Program staff would like to officially thank all of our providers for their patience and flexibility in moving to this new EOQ ordering schedule required by CDC. If questions arise regarding EOQ please feel free call 785-296-1948.

Ask The Experts

IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC). We thank the Immunization Action Coalition for June 2nd, 2010 edition, Volume 20-Number 4.

The Q&A's in this edition of "Ask the Experts" deal with the new MMRV, PCV13 and Rotavirus Vaccine recommendations; the new vaccine Menveo and more!

Please click here or visit this website to read all the latest information release June 2nd, 2010.

http://www.immunize.org/askexperts/nt_jun10.asp



Debbie Baker



Erica Hutton



Shelly Pfeffer

Debbie, Erica and Shelly have over 35 years of combined experience with the KIP program, helping to keep the program running from day to day!

REPORT REMINDERS-

When submitting your Monthly Immunization Reports please make sure to include your VFC PIN#, date, month and contact information on all reports you submit. We continue to receive reports without any of this information and it is hard at times to determine who it belongs to. If you send in a report without any of the information needed it can't be logged as being received. Reports are due by the 10th of each month. (ex. June reports will be due by July 10th). Providers will be placed on vaccine hold until all reports are submitted. Refrigerator/freezer temperatures need to be documented twice a day as well.

The ABC's of VFC

WELCOME NEW CONTRACT STAFF-

The Kansas Immunization Program contracts with TMF Health Quality Institute to conduct annual VFC/AFIX provider visits in selected areas of Kansas. We are pleased to announce that TMF has hired two new nurses to serve in this capacity: Sara Garmin and Dana Wheeler. Please join us in welcoming both nurses.



MMR-V Limited Time Only

Kansas VFC providers have taken advantage of the MMR-V vaccine being available for back to school efforts. Since May 14, 3,400 doses have been ordered and distributed. Last report from the manufacturer was that roughly 1/3 of the product had been shipped. This includes both private and public supplies. The Kansas VFC Program will continue to provide this vaccine until supplies are no longer available. Any updates will be done through our weekly "What's Happening Wednesday" e-mails.

KIP Quality Improvement for Providers

Continuous Quality Improvement (CQI) Project: The KIP requested the opportunity from CDC for Kansas be one of the states to receive technical assistance for a process improvement analysis. Kansas has been approved as one of the project states for 2010. The Centers for Disease (CDC) control contracted with Booze Allen Hamilton (a firm that specializes in industry process analysis and improvement) to conduct immunization grantee and VFC provider assessments of their internal vaccine management processes as one step in preparation for the implementation of the CDC's new vaccine ordering system. These assessments are designed to raise awareness of vaccine management processes that, if streamlined, might lead to more efficiency in daily operations and improve best practices. The Kansas Immunization Program had their first of two visits this past week where the consultant observed our internal vaccine management processes and developed some metrics for staff to review. Staff will be analyzing these metrics to assess our processes for improved efficiency and support for our VFC providers



Helping To
Immunize
Kansas Kids!

Maximizing Office Based Immunizations

www.kansasaap.org

The Kansas Chapter, American Academy of Pediatrics partnered with KDHE to offer the MOBI-KS program to Kansas Pediatrician and Family Physician offices. Maximizing Office Based Immunization-KS was developed to raise the overall immunization rate in Kansas among 2 year old children to 90% or greater by examining ways to improve existing office policies and practice. The goal is to improve immunization rates "one practice at a time". MOBI-KS has physician trainers experienced in immunization practices that educate and train providers state wide on site at offices and clinics. This free program offers practical information to achieve complete and timely immunizations for infants and young children. Grant funding is available to those offices that host a presentation in their office that can be used for their immunization program. 1.2 credit hours of Continuing Education for Nurses is also available. In 2009 MOBI-KS has seen anywhere from a 7% to 46% increase in up-to-date immunizations. MOBI-KS has also made great strides in encouraging offices to become VFC and WebIZ.

If you are interested in learning more about our program please visit our website at www.kansasaap.org and click on the MOBI-KS logo, or call Leslie at (913) 940-8943. You can apply online with Survey Monkey or download the application.



http://www.kdheks.gov/immunize/vfc_program.html

If you are a VFC provider and would like additional information on programs you are eligible for, or if you are interested in becoming a VFC Provider, please contact mparsons@kdheks.gov or 785-296-3975.



April 24-May 1, 2010
National
Infant Immunization Week

Working together with
Vaccination Week
in the Americas

BEEWISE Immunize Bee took flight during NIIW (National Infant Immunization Week) and landed in nine counties in five days across the state. He traveled over 1300 miles and made 10 different stops visiting with local health departments, providers, children and families during immunization events. Click here to read more and see pictures of the event. http://www.kdheks.gov/immunize/beewise_in_flight.htm

Flicks For Sticks– Pawnee Co. Takes “Action!”

Free Movie Theater Tickets for Kindergarten Children Preparing for School

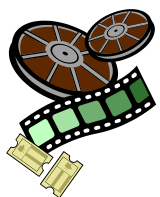
Submitted by Pawnee County Health Department

Historically kindergarten round-up activities begin in the spring of each year. Both of our school districts in Pawnee County set their kindergarten round-up dates in March. We wanted to encourage parents to prepare their children for school by getting their kindergarten children in for vaccinations. We decided to provide some incentives which would encourage parents to bring their kindergarten age children in during the month of March. Our local movie theater is community owned and operated and is a popular place for families to enjoy family friendly movies. We decided that our incentive would be a free movie pass including a drink and popcorn. The

Larned theater committee agreed to give us a discounted rate at \$6.00 per ticket. Mary Beth Herrmann, Administrator of the Pawnee County Health Department contacted three service organizations: Larned Noon Lions Club, Fort Larned Lions Club and the Larned Rotary organization. Between the three groups we secured enough funding to cover the cost for the expected number of potential kindergarten students for the 2010-11 school years. We did encounter

some comments from some members of the organizations as they questioned why incentives were necessary. They came from a generation where vaccine preventable diseases were occurring and vaccinations were just taken for granted as a good thing. Answering these questions and concerns was a good opportunity to educate and inform people about the challenges we face in light of negative publicity regarding vaccinations. Explaining about the number of injections that children receive now in comparison to what the older generations received also helped to explain why incentives help to dry the tears and make the experience of immunizations a little less traumatic for the child and parent.

In addition to the incentives we also developed our own movie theater slide about immunizations and it is now running at the theater before the main attraction. It will serve as a reminder to parents about the importance of immunizations and where they can get vaccinations locally.



KSWebIZ Open to Non-VFC

The Kansas Immunization Registry—KSWebIZ is a birth to death immunization database that houses vaccinations on Kansas residents or those immunized in the state. Two hundred and forty three provider sites in Kansas access the registry, which include health departments. In all 105 counties KSWebIZ has the capability to interface with provider's current electronic medical records systems. Registry staff are actively working with several vendors to develop interfaces. If a provider is interested in directly entering data into the registry, KSWebIZ offers inventory management, vaccine forecaster (based off of current ACIP schedules) and many reports. Some of the reports available to direct-entry providers include patient reminder/recall, immunization rates reports, dosage reports just to name a few.

Although Vaccines for Children (VFC) providers will receive priority to enroll with KSWebIZ, the enrollment of non-VFC providers is now available. In order to register to become a KSWebIZ provider please click on the provider questionnaire (http://www.kdheks.gov/immunize/webiz_download/KSWebIZ_Provider_Info_questionnaire.pdf) link and return it to the KSWebIZ helpdesk so that we can have a staff member contact you for training dates/times or additional questions. The KSWebIZ helpdesk fax is 785-291-3142 or by mail. If you have further questions regarding what the KS Immunization Registry (KSWebIZ) has to offer, please call the helpdesk 877-296-0464.

Pertussis Protection– Babies need your help

Prevent Pertussis in Infants through Family Immunizations

Submitted by Martha Siemsen, APRN-BC, Medical Investigator

In south central Kansas, a 2 month old infant has been clinging to life in the PICU for the past month due to pertussis. This infant was too young to be vaccinated against whooping cough.

Did you know?

The incidence of pertussis is up to 20 fold higher in infants too young to have completed the primary immunization series (≤ 6 months of age)

Pertussis-related complications and deaths occur almost exclusively in young infants.

Over 75% of pertussis-infected infants acquire the infection from a household contact, 33% from their mother

Two-thirds of young infants with pertussis need to be hospitalized with serious complications such as pneumonia, seizures and brain damage

In 2006, the Advisory Committee on Immunization Practices (ACIP) recommended the Tdap booster immunization of infant caregivers. The aim of this strategy is to protect newborn infants from becoming infected with pertussis booster vaccines to mothers and family members of newborn infants.

Why place the babies in your practice at risk? Encourage pertussis vaccination of family and friends.

2010-2011 Flu Vaccine Update

CSL .25 Pediatric Formula Withdrawn

CSL has withdrawn their 0.25ml pediatric formulation from the Australian market due to the increase in febrile seizures rate (about 9-fold) in children under 5 years of age receiving the vaccine. CSL's pediatric single-dose 0.5ml formulation has not been withdrawn, but in Australia will be relabeled with a note that physicians using the vaccine in children ages 3-5 years, should make a risk/benefit analysis first.

The 0.25ml formulation will also be withdrawn from the upcoming season in the United States. This represents about 1.5 million doses of the 14 million estimated to be delivered by Merck. This brings down the total 171 million doses announced at the Summit meeting to 169.5 million. The Kansas Immunization Program had originally ordered CSL 0.25ml doses with VFC, 317, and State funds. We have since substituted these orders with additional doses of Fluzone-PF (.25ml syringes) to accommodate the need for 6-35 months old vaccine.

View the Australian media release at the link below:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mr-yr10-dept-dept010610.htm>



MARK YOUR CALENDAR REGISTER TODAY!

Kansas School Nurse Conference

July 19-23, 2010
Hyatt Regency Wichita

CDC “Immunization Update 2010”

August 5th, 2010
8-10:30am and 11-1:30pm

Kansas Immunization Program Conference “Communicating the Facts”

October 27-29, 2010
Hyatt Regency Wichita



PCV7 + 6= PCV13-The Transition

Submitted by Patti Kracht, KIP Education/AFIX Manager

Out with the Old and in with the New!

Take this opportunity to protect those that you serve against six more pneumococcal serotypes. By now most vaccination clinics have replaced their PCV7 vaccine inventory with PCV13. Pneumococcal vaccine prevents streptococcus pneumoniae which presents many clinical syndromes including otitis media and community-wide acquired pneumonia. The most severe pneumococcal disease is bacteremia and meningitis. We have been offering PCV7 for 10 years here in the U.S. and have seen an 80% decline in invasive pneumococcal disease as well as a reduction in otitis media. That is great news but we still have a long way to go in protecting those children under 5 years of age and those that are at high risk for invasive disease. Yearly 160,000 people develop invasive pneumococcal disease and there are 800,000 clinic visits reported for otitis media.. There has been a slight increase in the pneumococcal disease caused by the serotypes that are not covered in PCV7. The leading serotype now that causes invasive pneumococcal disease is serotype 19A. PCV13 includes serotype 19A. PCV 13 was licensed in February 2010. The vaccine provides protection from 13 of the currently existing 90 serotypes that cause strep pneumoniae. Remember PCV 13 is PCV7 vaccine with six more serotypes included for added protection. It is time to identify and vaccinate those that could benefit from the added protection against invasive pneumococcal disease. The following are those that are identified as being high risk for invasive disease.

1. Healthy children up to 59 months who have had a complete series of PCV7 need one dose of PCV13
2. All healthy children 2 through 59 months
3. Age 2 months through 18 yrs and of the following conditions:

- Chronic heart disease
- Chronic lung disease (including asthma if treated with prolonged high-dose oral corticosteroids)
- Diabetes
- cerebrospinal fluid leak
- candidate for or recipient of cochlear implant
- Asplenia
- Immunocompromised condition



The PCV13 has been added to the Kansas Immunization Program Vaccine Protocols. Many children are now completing a series of PCV 7 series with PCV13. Remember to document if it was PCV7 or a PCV13 that was given so that children will get the protection that they need. Follow the link to educate the clinic's immunization staff regarding PCV13. Begin with the medical staff to obtain a written medical authorization on the vaccine signature page.

http://www.kdheks.gov/immunize/imm_manual_pdf/vaccine_standing_orders/Prevnar.pdf

Vaccines Work!

CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era

Disease	Pre-Vaccine Era Estimated Annual Morbidity*	Most Recent Reports† or Estimates‡ of U.S. Cases	Percent Decrease
Diphtheria	21,053	0†	100%
<i>H. influenzae</i> (invasive, <5 years of age)	20,000	243†§	99%
Hepatitis A	117,333	11,049‡	91%
Hepatitis B (acute)	66,232	11,269‡	83%
Measles	530,217	61†	>99%
Mumps	162,344	982†	99%
Pertussis	200,752	13,506†	93%
Pneumococcal disease (invasive, <5 years of age)	16,069	4,167‡	74%
Polio (paralytic)	16,316	0†	100%
Rubella	47,745	4†	>99%
Congenital Rubella Syndrome	152	1†	99%
Smallpox	29,005	0†	100%
Tetanus	580	14†	98%
Varicella	4,085,120	449,363‡	89%

*CDC. JAMA, November 14, 2007; 296(18):2155-63

†CDC. MMWR, January 8, 2010; 58(51,52):1458-68

‡2008 estimates, *S. pneumoniae* estimates from Active Bacterial Core Surveillance

§25 type b and 218 unknown





Just Lookin' Around!



FREE CEU'S- VFC and Immunization Admin Basics- The Kansas Immunization Program has a basic immunization/VFC course on Kansas Train. This course offers immunization and other provider staff an opportunity to learn or refresh their knowledge and skills in basic immunization administration techniques plus the course offers basic training on the Vaccine for Children's (VFC) program. The course title is:

"VFC Program and Immunization Administration Technique Basics" and the course number is 1018610. This course is free on Kansas Train and offers licensed staff 1 CEU for completing the course.

To access the course log on to:

<https://ks.train.org>

To Set Up KS Train Account:

Click on the 'Create Account' button in the left hand margin

Complete the online registration form to set up your account. Choose a login ID and password (write this down and keep in a safe place)

Log out of KS Train

You will receive an email welcoming you to Train

Once you receive the confirmation email, you log into the train web site again

Go to mid-right hand side of screen where there is a box to type in the course number- 1018610

This takes you to the course outline and you enroll in the course.

If you have any difficulty logging into the course or seeing the video, there is a help desk number and email address to contact for help.



As of May 31, 2010

Number of Providers Live = 246

Private = 141 (139 direct entry, 2 interface)

Public = 105 (51 direct entry, 54 interface)

Number of Registry Direct Entry Users = 886

Number of School Districts = 133 totaling 526 schools

Number of School personnel = 323

Number of Patients = 1,729,969

Number of Vaccinations = 13,716,043

HL7 new patients added = 683,301

HL7 new vaccinations added = 7,434,607

Click here to check on HL7/EMR interface updates:

http://www.kdheks.gov/immunize/webiz_HL7_announcements.htm



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[Sherri Forrest](#)

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VFC Manager

Vaccine & Fiscal Manager

Education/AFIX Manager

Outreach Coordinator

Administrative Assistant

Administrative Specialist

Nurse Consultant

Registry Project Manager

Registry Interface Consultant

Nurse Consultant

Registry Trainer

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Registry Helpdesk

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immprogram@kdheks.gov

To report Vaccine Preventable Diseases, call toll free 1-877-427-7317 or Fax 1-877-427-7318



KSWebIZ Helpdesk

T: 877-296-0464

F: 785-291-3142

immregistry@kdheks.gov

